

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 19, 1999

COUNTY FISCAL LETTER (CFL) NO. 98/99-80

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: ASSISTANCE CLAIM INSTRUCTIONS REVISION FOR CA 800 FC
(FED) AND CA 800 FC 1 (FED) FORMS

This letter provides assistance claim form instructions concerning the revision of the CA 800 FC (FED), Summary Report of Assistance Expenditures-Federal Children In Foster Care (Attachment 1) and CA 800 FC 1 (FED) Foster Care Facility Report (Attachment 2).

The California Department of Social Services (CDSS) has taken action to revise these forms as a result of a federal audit of Foster Family Agencies (FFAs) and to prevent the accumulation of penalty and interest charges. The FFA Audit findings indicated that the CDSS had improperly included administration costs with the foster care (FC) board and care costs on the FC assistance claim form which were then reimbursed at the higher Federal Medi-Cal Assistance Percentage (FMAP) rate.

The audit findings also stated that nonfederally eligible administration costs were included on the federal FC assistance claim and were reimbursed with federal funds. The unallowable administration costs were those identified by the federal auditors as being linked to the social workers providing nonfederally eligible services. While not agreeing with the auditors methodology for the finding, the CDSS agreed to modify the assistance claim forms mentioned above.

Line 17 on the revised CA 800 FC form will separate the FFA administration costs from the board and care costs and identify the federally eligible costs. This change will ensure that only the appropriate share of FFA administration costs receive federal financial participation (FFP). It also will ensure that administration costs are reimbursed at fifty percent (50%) FFP, instead of the higher FMAP rate of 51.55%.

The CA 800 FC 1 (Fed) (7/99) claim form has been modified and revised to assist counties in identifying the total administration portion of the FFA rate and calculating the appropriate federal and nonfederal portion of the administration costs. Counties are reminded to use the appropriate ratios listed in the annual nonfederal foster care rates letters to calculate the appropriate administration shares on the CA 800 FC 1. These letters are approved and issued by the CDSS Foster Care Rates Bureau for all AFDC-FC funded group homes and FFAs.

The CA 800 FC (Fed) (7/99) has been revised to capture the CA 800 FC 1 administration cost data and fund it appropriately. A separate line was added that takes the federal and nonfederal administration totals from columns E3 and F2 on the CA 800 FC 1 and applies the appropriate funding ratios. The instructions for the CA 800 FC have been modified to reflect these changes.

Effective with the July 1999 claiming month, all counties are required to complete and submit the revised CA 800 FC claim form, and the revised CA 800 FC 1 claim form or an approved alternate form as a support document for line 17 on the revised CA 800 FC. Please destroy all previous versions of these forms since they will no longer be accepted. Camera-ready copies of the revised forms are available on request. Please contact:

California Department of Social Services.
Forms Management Unit
744 P Street, M.S. 7-182
Sacramento, CA 95814
Telephone Number: (916) 657-1907

Please contact the Fiscal Policy Bureau at (916) 657-3440 if you have any questions or need further information.

Sincerely,

***Original Document Signed By
George E. Peacher, Jr. on 7/19/99***

GEORGE E PEACHER, JR., Chief
Fiscal Systems and Accounting Branch

c: CWDA

**SUMMARY REPORT OF
ASSISTANCE EXPENDITURES -
FEDERAL CHILDREN IN FOSTER CARE**

 For State Use → ☐ CDSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE ()

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental
()	()	3. Current Month Cancellation Contra Roll
		4. Prior Months Supplemental Payroll
		5. Subtotal (reconciliation totals)
()	()	6. Prior Months Cancellation Contra Roll
()	()	7. Recoveries of Aid
		8. Schedule of Adjustments (show minus items in parentheses)
		9. Subtotals (Lines 6,7,8)
		10. DSS Office Audit Corrections (for state use only)
		11. TOTAL
		12. Amount not Reimbursable from Federal Funds

A	B	C TOTALS	D FEDERAL	E STATE	F COUNTY	
			(LINE 11B MINUS LINE 12A) X .5155	(LINE 11B MINUS LINE 13D) X .40	(LINE 11B MINUS LINE 13D MINUS LINE 13E)	
						13.
GRAND TOTALS		(Line 11B)	(Line 13D)	(Line 13E)	(Line 13F)	14.
						15.
						16.
Total Fed Admin Costs (FC 1 COL. E3)	Total Non-Fed. Admin Costs (FC 1 COL. F2)		(COL. 17A) X .5	(COL. 17A MINUS COL 17D PLUS COL 17B) X .40	(COL 17A MINUS COL 17D PLUS COL 17B MINUS COL 17E)	17.
FUNERAL COSTS (11-405.2)						18.
(FOR COUNTY USE ONLY)	PERS. CTS.					19.
						20.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF FORM CA 800 FC (FEDERAL)

1. Enter county name and month and year of claim in space provided.
- 1a. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
2. Complete Lines 1 through 4 and 6 through 8 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on the Form CA 800 FC (Federal) may be rounded to the nearest dollar.
3. Enter the subtotals in Lines 5 and 9 and the totals in Line 11.
4. Line 12A - Enter the net amount not reimbursable from federal funds.
(Example: Social worker services (FC 1 column F2), interest on original acquisition mortgages and costs incurred for leasebacks in accordance with the AFDC-Foster Care Group Home Rate Listing).
5. Line 13D - Enter the federal share: total aid paid (11B) minus the amount not reimbursable from federal funds (12A) multiplied by 51.55 percent.
6. Line 13F - Enter the state share: total aid paid (11B) minus federal share (13D) multiplied by 40 percent.
7. Line 14F - Enter the county share: total aid paid (11B) minus federal share (13D) minus state share (13E).
8. Line 14 - Enter grand totals.
9. Line 15 and 16 - Reserved for state use.
10. Line 17 - Enter the Total Federal Administration Costs: FC1 column E3.
11. Lines 17B - Enter the Total Non-Federal Administration costs: FC1 column F2.
12. Line 17D - Enter the federal share: (17A) multiplied by .5.
13. Line 17E - Enter the state share: (17A minus (17D) plus 17B multiplied by 40 percent.
14. Line 17F - Enter the county share: (17A) minus (17D) plus 17B minus 17E.
15. Line 18 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with MPP Handbook Section 11-405.2 (see also MPP Handbook Section 25-753).
16. Lines 19 and 20 - Include at county request and use is optional. If adjustments are reported which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.

Page _____ of _____

COUNTY

DATE (MONTH, YEAR)

[illegible]

INSTRUCTIONS FOR USE OF FORM CA 800 FC.1 (FED)

1. Enter month, year and county name.
2. Column A – Enter facility name.
3. Column B – Enter the program number from the AFDC-FC Group Home and Foster Family Agency Rate Listing.
4. Column C – Designate maintenance costs R-revised, C-current, P-prior, O-original.
5. Column D1 – Enter persons count.
6. Column D2 – Enter the total benefit amount paid to the facility (Amounts above the State set rate must not be included).
7. Column D3 – Enter the nonfed percentage from the AFDC-FC Group Home and Foster Family Agency Rate Listing.
8. Column D4 – Enter the total nonfed amounts: Columns D2 x D3.
9. Column E1 – Enter the total administration costs: as calculated by applying administration ratio from FFA rate letter to total aid paid.
10. Column E2 – Enter the federal percentage from AFDC-FC Foster Family Agency Rate Listing or FFA rate letter.
11. Column E3 – Enter the total federal amount: Column E1 x E2.
12. Column F1 – Enter the nonfed percentage from AFDC-FC Foster Family agency Rate Listing.
13. Column F2 – Enter the total nonfed amount: Column E1 x F1.
14. Enter the grand total for columns D4, E1 and F2 on the last page.
15. The grand total in column D4 should be added to 12A, on the CA 800 FC (Fed) form.
16. Add the totals in columns E3 and F2 to the appropriate columns 17A and 17B on the CA 800 FC 1 (Fed) form.